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PTO/SB/21 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/591,223
Confirmation Number	
Filing Date	with an effective filing date of March 2, 2005
First Named Inventor	Roger John LEACH
Group Art Unit	1794
Examiner Name	Prashant J. Khatri Fax: (571) 273-8300
Total No. of Pages in this Submission:21	Attorney Docket Number COLGRA P68AUS

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$691.00 <input checked="" type="checkbox"/> Amendment/Response ..... [16] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request ..... [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt ..... <input type="checkbox"/> <input type="checkbox"/> Certified Copy of Priority ..... <input type="checkbox"/> Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application ..... <input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers ..... <input type="checkbox"/> (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... <input type="checkbox"/> Replacement Sheet(s) .... <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers ..... <input type="checkbox"/> <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition ... <input type="checkbox"/> <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address . <input type="checkbox"/> <input type="checkbox"/> Terminal Disclaimer ..... <input type="checkbox"/> <input type="checkbox"/> Small Entity Statement ..... <input type="checkbox"/> <input type="checkbox"/> Request for Refund ..... <input type="checkbox"/>	<input type="checkbox"/> After Allowance Communication to Group ..... <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .... <input type="checkbox"/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> <input type="checkbox"/> Proprietary Information ..... <input type="checkbox"/> <input type="checkbox"/> Status Letter ..... <input type="checkbox"/> <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

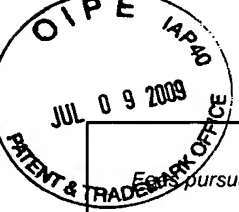
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	June 29, 2009	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2009

Signature		Date: June 29, 2009 (amp)
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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2008

■ Applicant claims small entity status. See 37 CFR 1.27

### Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/591,223  
with an effective filing date of  
March 2, 2005  
Roger John LEACH  
Prashant J. Khatri  
1794

TOTAL AMOUNT OF PAYMENT: \$ 691.00

Attorney Docket No.

COLGRA P68AUS

METHOD OF PAYMENT (check all that apply)

■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
■ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ■ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.**

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims 22 -20 or HP = 1 Extra Claims Fee (\$)\$26 = Fee Paid (\$)\$26 Multiple Dependent Claims Fee (\$)Fee Paid (\$)

Indep. Claims 5 -3 or HP + 1 Extra Claims Fee (\$)\$110 = Fee Paid (\$)\$110

HP = highest number of independent claims paid for, if greater than 3.  
07/10/2009 TLJU22 00000038 10591223

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets          -100 =          Extra Sheets          / 50 =          No. of each additional 50 or fraction thereof (round up to a whole number) x \$270/\$135 Fee (\$)         Fee Paid (\$)        

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)          Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term \$555.00

### SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105 Date: June 29, 2009



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Effective on 12/08/2004.

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■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 691.00

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■ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

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Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
22	-20 or HP = 1	x \$26 =	\$26			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
5	-3 or HP + 1	x \$110 =	\$110			

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

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Other (e.g., late filing surcharge):	Petition for Three Month Extension of term	\$555.00

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Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105
		Date: June 29, 2009